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Julie Fish

Heterosexism in Health and Social Care

Basingstoke: Palgrave Macmillan, 2006, 236 pp.,£45 (hbk), ISBN 1403941238

This is an important book on an under-examined topic. Whilst subjects such as racism and sexism have been central to social work's knowledge base over the last 30 years or so, there has been surprisingly little analysis of, or even comment on, the day-to-day privilege and discrimination which are part and parcel of heterosexism. Fish makes a strong case for the need to understand heterosexism as a theoretical concept and in practice. She argues that the processes which perpetuate the inferiority of homosexuality and the heterosexual assumption are not simply indications of homophobia, but are the very mechanisms through which heterosexism is maintained. The book is divided into two parts, the first of which Part I, 'Understanding Heterosexism in Health and Social Care' is of a different order to Part II, 'Exemplars of Heterosexism from Research'. The first part begins with a useful chapter which defines the topic and sets the parameters for the book as a whole. It is followed by two chapters which are focused on the social and health care needs of LGBT (Lesbian, Gay, Bisexual and Transgender) people. There is a central paradox here: that by setting up LGBT people as 'communities', the author reinforces some of the points she wishes to distance herself from. Put simply, the overall impression is that being LGBT is defined largely in terms of its problematic status, and we do not hear LGBT adults, parents, wage earners, etc. The last two chapters in the first section clarify Fish's primary interest in writing this book: to disseminate findings from her PhD on the experiences of lesbian women in conventional health settings. Part II of the book provides moving, and at times shocking, accounts of their experiences of disclosure to health professionals, of cervical screening and of breast cancer. The book comes alive in these stories, and in the author's discussion of them. The final chapter calls for the introduction of a positive duty on sexual identity, so that public bodies – health services, police, education, local authorities and social services– work towards eliminating unlawful discrimination and promote equality for LGBT people, just as is currently the case in terms of 'race', disability and gender in public services. My overall assessment is that this book would have had more coherence and more power if it had not tried to do too much. By getting drawn into the wider health and social care issues of LGBT people, some of the strength of the message has been dissipated. Nevertheless, this remains a useful book for social work and health care students and practitioners alike.

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